DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

Facility Information

Facility Name: CHRISHAVEN GROUP HOME II (510275)

Address: 3038 MAPLE DRIVE, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 01/09/1996

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095908 End Date: 10/10/2005 **Type: OTHER Purpose: COMPLAINT**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010002 Served 11/14/2005

Compliance **Deficiencies Cited** Subject Area Verified

83.35(11)(d) OUTDOOR STORAGE CONTAINERS

Survey ID: 0091936 End Date: 01/21/2004 **Type: ABBREVIATED Purpose: SURVEY**

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006462 Served 02/11/2004

Compliance Verified **Deficiencies Cited** Subject Area Corrected

REVIEW OF PROGRESS

83.32(2)(d)

83.41(1)(c)1 SIZE

CLEANLINESS OF ROOMS 83.41(9)

83.42(3)(f) SLEEPING HOURS EVACUATION DRILL

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Madison WI 53701-2969

Enforcement History

Date: 02/10/2004 SOD #10006462 Appealed: No

Sanctions

FORFEITURE---83.42(3)(5g)(b)6

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Complaint History

Date Complaint Received: 10/10/2005 Date Investigation Completed: 10/10/2005

Subject Area(s)ResultSOD #RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10010002

PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED